

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____
No. _____
Date _____

CERTIFICATION OF ACCOUNTING

The undersigned _____,
Name of Attorney

attorney, and _____ and
Name of Fiduciary

_____, fiduciary(ies),
Name of Fiduciary

hereby certify that the within accounting was prepared based on information which each of the undersigned have personally examined, and further certify that, to the best of the knowledge and belief of each of the undersigned, the within is a true and accurate representation of the accounts of the estate for the period indicated.

Signature of Attorney

Name of Attorney

Signature of Fiduciary

Signature of Fiduciary

Name of Fiduciary

Name of Fiduciary

Subscribed and sworn to before me this _____ day of _____.

Notary public (please print name)

Notary public signature

My Commission Expires: _____